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CONFIRMATION NO. 1226

<b>SERIAL NUMBER</b> 10/787,532	<b>FILING OR 371(c) DATE</b> 02/25/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 022128-000130US
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/458,854 03/27/2003 and claims benefit of 60/478,035 06/11/2003 and claims benefit of 60/490,082 07/24/2003 *MP*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/17/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 136	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Michael S. Kelly</i> Initials <i>MP</i>				

**ADDRESS**  
20350

**TITLE**  
Energy based devices and methods for treatment of patent foramen ovale

<b>FILING FEE RECEIVED</b> 3574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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